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APPLICANTS

Nicola Perone, Houston, TX;

** CONTINUING DATA *****

This application is a CIP of 10/460,830 06/12/2003 PAT 7,163,544
which is a CIP of 10/455,910 06/06/2003 PAT 7,014,642

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 10/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	5	18	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Raymond R. Ferrera
ADAMS & REESE, LLP
1221 McKinney
Suite 4400
Houston, TX77010

TITLE

OBSTETRICAL VACUUM EXTRACTOR WITH A PULL-SENSING HANDLE GRIP

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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